

OFFICE OF CONGRESSMAN RAUL RUIZ, M.D.

www.ruiz.house.gov | P: 760-424-8888 | F: 760-424-8993

APPLICATION FOR CONGRESSIONAL NOMINATION TO UNITED STATES MILITARY ACADEMIES

Return Completed Application Packet to:

Congressman Raul Ruiz, M.D.
ATTN: Military Academies Nominations
43875 Washington Street, Suite F
Palm Desert, CA 92211

Thank you for your interest in obtaining a congressional nomination to the United States Military Academies. This completed application, along with the supporting documents detailed below, must be delivered to my office or postmarked by <u>October 19, 2018</u> in order to be considered for a congressional nomination. <u>Please note that only residents of California's 36th Congressional District will be considered for a congressional nomination.</u>

REQUIRED DOCUMENTS CHECKLIST Please attach the following documents to this completed application. High School Transcripts. An official copy of your high school transcript. Please ensure that your transcript includes courses currently in progress, your GPA, and rank. **Personal Essay**. A personal essay of 500 words or less, describing why you want to attend a military academy and the goals you have for your military career. SAT or ACT Test Scores. Please submit official copies of your test scores. To send SAT scores directly to Congressman Raul Ruiz's office, use code 4473. To send ACT scores, use code 7275. **Two letters of recommendation**. Please provide two letters of recommendation from people who know you well and can attest to your educational skills and abilities. It is advised that at least one letter be from a principal, teacher, or coach. Letters should be on institutional letterhead, signed, and in a sealed envelope. **Resume**. Please provide a resume detailing your high school extracurricular activities, community service, work experience, and honors/awards. **Photograph**. Please provide a photograph (no larger than 4"x 6") of yourself with your name printed on the back.

First Name	M.I.	Last Name		
Street Address				
City, State, Zip Code				
Date of Birth	$ \overline{S}$	Social Security Number		
High School Attending		Expected Graduation Date		
	Email Address			
Preferred Contact Phone number				
Preferred Contact Phone number 2. PARENT/GUARDIAN INFORMATI Parent(s)/Guardian(s) Names				
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ACKNOWLEDGEMENT

The information provided herein is correct. It is my sincere desire to attend a United States Service Academy and I fully intend to vigorously pursue an academic course of study, if appointed. I understand that a nomination from Congressman Ruiz <u>does not guarantee</u> an appointment will be offered.

I understand that the deadline for submitting my completed Application for Nomination is October 26, 2018. If I have not submitted all the requested information before the deadline, I understand that my application may not be given full consideration.

I hereby authorized Co school, and academy, i	ny name,	photograph, high		
	Signature		Date	